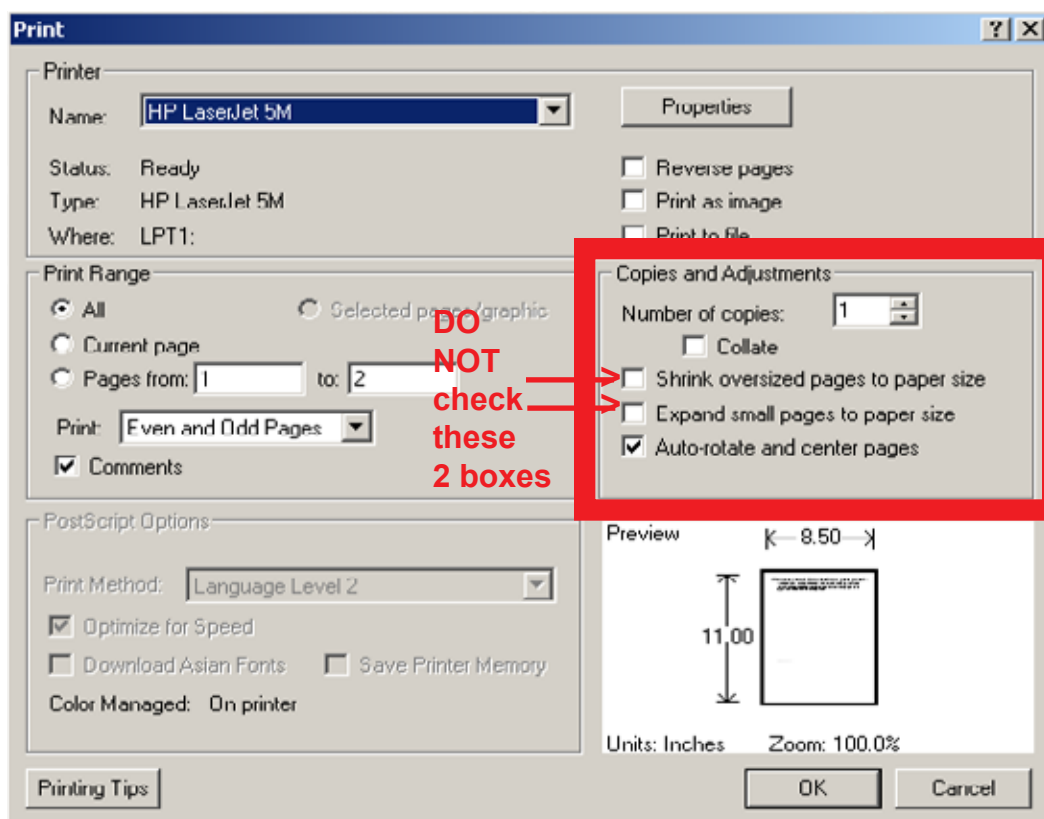


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand



(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Pharmacist License by Score Transfer

1. 690-111 Contents List/SSN Information/Deposit Slip	1 page
2. 690-122 ... Pharmacist License by Score Transfer General Instructions	2 pages
3. 690-127 ... Application Checklist for Score Transfer (California after January 1, 2004)	1 page
4. 690-128 .. Application Checklist for Score Transfer Licensed Only in Florida or California	1 page
5. 690-022 ... Washington State Pharmacist Application	4 pages
6. 690-151 ... Important Information Regarding Personal Data Questions	1 page
7. RCW 18.130.170, RCW 18.130.180	4 pages
8. 690-146 ... Letter of Recommendation.....	1 page
9. 690-095A . Preceptor Evaluation.....	1 page
10. 690-054 ... Intern Site Evaluation.....	1 page

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application



Pharmacist (Score Transfer)

DEPOSIT SLIP

NAME (PLEASE PRINT)

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return with your application.

\$

☐ Check
☐ Money Order

(This page intentionally left blank.)



Washington State Department of
Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Pharmacist License by Score Transfer General Instructions

In response to your request, we have enclosed information about pharmacist licensure in Washington. The information is also available at our website:

<https://fortress.wa.gov/doh/hpqa1/hps4/Pharmacy/default.htm>.

General Information

- You must be a graduate of an accredited United States college of pharmacy or an approved Canadian school of pharmacy. You may score transfer from California only if you are taking the North American Pharmacist Licensure Examination (NAPLEX) for your original licensure in the United States.
- Washington State uses the Multistate Pharmacy Jurisprudence Examination (MPJE) to test you on both federal and state laws and rules.
- You must submit a computerized examination registration form and the \$170.00 fee (\$185.00 after 1/1/2006) for the MPJE to NABP at PO Box 1057, Park Ridge IL 60068 or you may complete this registration form and submit the payment by credit card (VISA or MasterCard) at the NABP website: www.nabp.net. If you do not have a credit card and/or prefer not to register online, you may request the paper registration form by submitting your request and name and address to our Customer Service Center at hpqa.csc@doh.wa.gov or by calling them at 360/236-4700.
- If you are not already registered as an intern in Washington, a lawbook will be sent upon receipt of the pharmacist application and fee.
- If you have earned your intern hours in another state, that state's Board of Pharmacy must certify the hours directly to the Washington Board.

Timelines

- We require three (3) weeks to process your state pharmacist application.
- You will receive your Authorization to Test (ATT) from the Chauncey Group within three (3) weeks after documentation is complete.
- We will mail the test results to you in 7-10 business days.

If you have questions about licensure in Washington, please contact the Pharmacy Board office at (360) 236-4825.

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Application Checklist for Score Transfer

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Dates indicate when we received the following items, the absence of a date indicates that we have not received the item.

Items required before taking MPJE:

- _____ State pharmacist application with the nonrefundable fee of \$130
- _____ Letter of Recommendation
- _____ Copy of your birth certificate or passport
- _____ Proof of your graduation
- _____ Certification of 700 intern hours, we have received _____
- _____ Score Transfer Report from NABP

Required before Pharmacist licensure:

- _____ Preceptor Evaluation
- _____ Intern Site Evaluation Report
- _____ Certification of a total of 1500 intern hours, we have received _____
- _____ 7 hours of AIDS education
- _____ NAPLEX Score, on _____ you received a score of _____
- _____ MPJE Score, on _____ you received a score of _____
- _____ Received e-mail from NABP verifying NAPLEX and MPJE scores.

Health Professions Section 4
(360) 236-4825

License number _____ Issued _____ Expires _____

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Application Checklist for Score Transfer Licensed Only Florida or California

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Dates indicate when we received the following items, the absence of a date indicates that we have not received the item.

Items required before taking MPJE:

- _____ State pharmacist application with the nonrefundable fee of \$130
- _____ Letter of Recommendation
- _____ A letter from your board of pharmacy indicating current license in good standing and date of original licensure
- _____ Copy of your birth certificate or passport
- _____ A copy of your diploma
- _____ Score Transfer Report from NABP

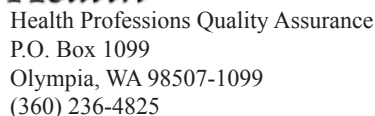
Required before licensure:

- _____ 7 hours of AIDS education
- _____ NAPLEX Score, on _____ you received a score of _____
- _____ MPJE Score, on _____ you received a score of _____

Health Professions Section 4
(360) 236-4825

License number _____ Issued _____ Expires _____

(This page intentionally left blank.)



FOR OFFICE USE ONLY	
VALIDATION:	
REC'D DATE:	
ISSUANCE DATE:	

LICENSE #

Check Appropriate Box: ☐ NAPLEX ☐ Score Transfer ☐ License Transfer (Reciprocity)

Please Type or Print Clearly—It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

1. Demographic Information

APPLICANT'S NAME		LAST	FIRST	MIDDLE NAME
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
BUSINESS TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS) ()	RESIDENCE TELEPHONE ()	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW)		

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YR) / /	PLACE OF BIRTH (CITY/STATE)
---	------------------------------	-----------------------------

Have you ever been known under any other name? ☐ Yes ☐ No

If yes, list:

2. Previous Licensure

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 x 11 sheets if necessary.)

Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink
Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

[illegible]

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐

b. a charge of a sex offense?..... ☐ ☐

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?..... ☐ ☐

b. committed any act involving moral turpitude, dishonesty or corruption?..... ☐ ☐

c. violated any state or federal law or rule regulating the practice of a health care professional?..... ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?..... ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

4. EDUCATION

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 x 11 sheets if necessary.)

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	DEGREE EARNED	ATTENDANCE	
		FROM (MO/DAY/YR)	TO (MO/DAY/YR)

5. Professional Experience

In chronological order, list all professional experience. (Exclude activities listed under other sections.)
(Attach additional 8 1/2 x 11 sheets if necessary.)

INDICATE NATURE OF EXPERIENCE OR PRACTICE AND LOCATION	INCLUSIVE DATES OF EXPERIENCE	
	FROM (MO/DAY/YR)	TO (MO/DAY/YR)

6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS

DATE

7. Applicant's Attestation

I, _____, certify that I am the person described and identified in
NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or Foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center

Important Information Regarding Personal Data Questions

This page contains important frequently asked questions and the Department of Health answers concerning the personal data questions. You will be held responsible for this information.

1. For questions 5a, 5b and 5c, do I need to reveal a conviction that is over three years or over five years old?

Yes, this question asks if you have ever been convicted, etc. of any crime other than a minor traffic violation.

2. For questions 5a, 5b and 5c, do I need to reveal a conviction that is not a felony?

Yes, you must reveal all convictions even if they were a misdemeanor or seem minor. The only exception to this is minor traffic infractions. You must, however, reveal a DUI or a Reckless Driving Conviction.

3. What happens if I answer “no” to a question I should have answered “yes” to?

The Department of Health can issue a “Statement of Charges” against your application for certification based on a deceptive answer. You will have the chance to respond and, if necessary, go to a hearing regarding this matter. Be aware that this process can be quite lengthy.

If you are granted a certification based on deceptive answers to the personal data questions and the Department later finds out about this, disciplinary action can be taken against your certification at that point in time. This means your credential could be revoked based on inaccurate information on your original application.

4. Do I need to send documentation when I answer, “Yes” to questions 5, 6, 7, 8 or 9?

Yes, you must provide a signed and dated statement of explanation and certified copies of all judgments, decisions, orders, agreements or surrenders. If you do not send this documentation with your application, it will delay the processing of your application.

5. What if I am convicted of a crime after I submit my application and/or received my certification?

You are required by RCW 18.130.070(4) to report any conviction, determination or finding that you have committed unprofessional conduct or are unable to practice with reasonable skill and safety.

Please contact the Department of Health at (360) 236-4825 if you do not understand the above information.

Mail completed application and fee to:

Department of Health
Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4825

(This page intentionally left blank.)

RCW 18.130.170 Capacity of license holder to practice—Hearing—Mental or physical examination—Implied consent.

(1) If the disciplining authority believes a license holder or applicant may be unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition, a statement of charges in the name of the disciplining authority shall be served on the license holder or applicant and notice shall also be issued providing an opportunity for a hearing. The hearing shall be limited to the sole issue of the capacity of the license holder or applicant to practice with reasonable skill and safety. If the disciplining authority determines that the license holder or applicant is unable to practice with reasonable skill and safety for one of the reasons stated in this subsection, the disciplining authority shall impose such sanctions under RCW 18.130.160 as is deemed necessary to protect the public.

(2)(a) In investigating or adjudicating a complaint or report that a license holder or applicant may be unable to practice with reasonable skill or safety by reason of any mental or physical condition, the disciplining authority may require a license holder or applicant to submit to a mental or physical examination by one or more licensed or certified health professionals designated by the disciplining authority. The license holder or applicant shall be provided written notice of the disciplining authority's intent to order a mental or physical examination, which notice shall include: (i) A statement of the specific conduct, event, or circumstances justifying an examination; (ii) a summary of the evidence supporting the disciplining authority's concern that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, and the grounds for believing such evidence to be credible and reliable; (iii) a statement of the nature, purpose, scope, and content of the intended examination; (iv) a statement that the license holder or applicant has the right to respond in writing within twenty days to challenge the disciplining authority's grounds for ordering an examination or to challenge the manner or form of the examination; and (v) a statement that if the license holder or applicant timely responds to the notice of intent, then the license holder or applicant will not be required to submit to the examination while the response is under consideration.

(b) Upon submission of a timely response to the notice of intent to order a mental or physical examination, the license holder or applicant shall have an opportunity to respond to or refute such an order by submission of evidence or written argument or both. The evidence and written argument supporting and opposing the mental or physical examination shall be reviewed by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority. The reviewing panel of the disciplining authority or the approved neutral decision maker may, in its discretion, ask for oral argument from the parties. The reviewing panel of the disciplining authority or the approved neutral decision maker shall prepare a written decision as to whether: There is reasonable cause to believe that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, or the manner or form of the mental or physical examination is appropriate, or both.

(c) Upon receipt by the disciplining authority of the written decision, or upon the failure of the license holder or applicant to timely respond to the notice of intent, the disciplining authority may issue an order requiring the license holder or applicant to undergo a mental or physical examination. All such mental or physical examinations shall be narrowly tailored to address only the alleged mental or physical condition and the ability of the license holder or applicant to practice with reasonable skill and safety. An order of the disciplining authority requiring the license holder or applicant to undergo a mental or physical examination is not a final order for purposes of appeal. The cost of the examinations ordered by the

disciplining authority shall be paid out of the health professions account. In addition to any examinations ordered by the disciplining authority, the licensee may submit physical or mental examination reports from licensed or certified health professionals of the license holder's or applicant's choosing and expense.

(d) If the disciplining authority finds that a license holder or applicant has failed to submit to a properly ordered mental or physical examination, then the disciplining authority may order appropriate action or discipline under RCW 18.130.180(9), unless the failure was due to circumstances beyond the person's control. However, no such action or discipline may be imposed unless the license holder or applicant has had the notice and opportunity to challenge the disciplining authority's grounds for ordering the examination, to challenge the manner and form, to assert any other defenses, and to have such challenges or defenses considered by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority, as previously set forth in this section. Further, the action or discipline ordered by the disciplining authority shall not be more severe than a suspension of the license, certification, registration or application until such time as the license holder or applicant complies with the properly ordered mental or physical examination.

(e) Nothing in this section shall restrict the power of a disciplining authority to act in an emergency under RCW 34.05.422(4), 34.05.479, and 18.130.050(7).

(f) A determination by a court of competent jurisdiction that a license holder or applicant is mentally incompetent or mentally ill is presumptive evidence of the license holder's or applicant's inability to practice with reasonable skill and safety. An individual affected under this section shall at reasonable intervals be afforded an opportunity, at his or her expense, to demonstrate that the individual can resume competent practice with reasonable skill and safety to the consumer.

(3) For the purpose of subsection (2) of this section, an applicant or license holder governed by this chapter, by making application, practicing, or filing a license renewal, is deemed to have given consent to submit to a mental, physical, or psychological examination when directed in writing by the disciplining authority and further to have waived all objections to the admissibility or use of the examining health professional's testimony or examination reports by the disciplining authority on the ground that the testimony or reports constitute privileged communications.

[1995 c 336 § 8; 1987 c 150 § 6; 1986 c 259 § 9; 1984 c 279 § 17.]

NOTES:

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
 - (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

[1995 c 336 § 9; 1993 c 367 § 22. Prior: 1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 33; 1986 c 259 § 10; 1984 c 279 § 18.]

NOTES:

Application to scope of practice—Captions not law—1991 c 332: See notes following RCW 18.130.010.
Severability—1986 c 259: See note following RCW 18.130.010.



Washington State Board of Pharmacy
PO Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Letter of Recommendation

Date _____

To the State Board of Pharmacy, the State of Washington:

I hereby certify that I am a licensed Pharmacist in good standing in the state of _____ ,

my certificate number being _____. I further certify that I have been personally

acquainted with _____ for

_____ months/years and that to the best of my knowledge and belief he/she is of

good moral and professional character: that he/she is free from habits liable to interfere with his/her

professional services: that his/her standing is good in the community he/she now lives: that he/she is

worthy of receiving license to practice Pharmacy in the State of Washington.

Remarks: _____

PRINT NAME

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

(This page intentionally left blank.)



Washington State Board of Pharmacy
P.O. Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Preceptor Evaluation

This form must be submitted to the Board office at the completion of the internship experience. If the internship experience exceeds twelve (12) months, it is recommended that this form be filed annually.

NAME OF INTERN		YEAR IN SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
INTERN STREET ADDRESS			
CITY		STATE	ZIP
NAME OF PRECEPTOR			
NAME OF INTERNSHIP SITE			
STREET ADDRESS			
CITY		STATE	ZIP
Preceptor Evaluation of Intern			
<p>Briefly describe the type of professional experience received under your supervision. Comment on the intern's communication skills, accuracy, professional attitude, dispensing skills, ability to evaluate and monitor therapy, and knowledge of pharmacy management. Also, pursuant to WAC 246-858-070(3), provide your assessment of the intern's ability to practice pharmacy at this stage of his or her internship. Attach an additional sheet(s) if needed.</p>			
SIGNATURE OF PRECEPTOR		DATE	

(This page intentionally left blank.)



Washington State Board of Pharmacy
P.O. Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Intern Site Evaluation Report

NOTE: *This form must be submitted to the Board office upon completion of an internship experience. No internship hours will be accepted without this evaluation report pursuant to WAC 246-858-050(1). If the internship experience exceeds twelve (12) months, it is recommended that this form be submitted annually.*

NAME OF INTERN

NAME OF PRECEPTOR

NAME OF INTERNSHIP SITE

Intern evaluation of preceptor:

Intern evaluation of internship program at this site:

SIGNATURE OF INTERN

DATE